



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CHRISTIAN LIFE SERVICES INC
LEGAL ENTITY

To operate CHRISTIAN LIFE SERVICES
NAME OF FACILITY OR AGENCY

Located at 3408 -10 NORTH 19TH STREET, PHILADELPHIA, PA 19140
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 44
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 4, 2017 until April 4, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **132790**

Robert E. Robinson

ISSUING OFFICER

Jay Bank

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility

HS 628 - 12/16



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Shirell Taylor,
Administrator
Christian Life Services
2400 West Lehigh Avenue
Philadelphia, Pennsylvania 19132

RE: Christian Life Services
3408 North 19th Street
Philadelphia, Pennsylvania 19140
License #: 132790

Dear Ms. Taylor:

As a result of the Department of Human Services' annual licensing inspection on January 5, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written in a cursive style.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: CHRISTIAN LIFE SERVICES		License Number: 13279
Address: 3408 10 NORTH 19TH STREET, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Shirell Taylor		Region: SOUTHEAST
Legal Entity Name: CHRISTIAN LIFE SERVICES INC		
Legal Entity Address: 2400 WEST LEHIGH AVENUE, PHILADELPHIA, PA 19132		
Certificate(s) of Occupancy I-1 02/03/2015 City of Phil./Dept. of L&I		
Staffing Hours Resident Support: 36 Total Daily Staff: 68 Working Staff: 51		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/05/2017: Freeman, Sabrina		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44 Number of Residents Served: 32 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 80 Years of Age or Older: 15 Have Mental Illness: 32 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13279 - 01/06/2017 - Freeman, Sabrina
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa. Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
The home failed to maintain the outside trash in covered receptacles. At the time of inspection, there were numerous bags of trash, boxes, and debris piled high on the side of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The trash outside of the home was cleaned during the inspection. The home conducted an in-service with the staff in relation to sanitary conditions. Staff will make sure the trash area is cleaned daily and will monitor for debris. The administrator/designee will inspect to make sure that all the trash is picked up on a daily basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirell Taylor

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Administrator

Shirell Taylor

Date

2/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

2/19/17
(Date)

Plan of correction implementation status as of

2/17/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

ATB
(Initials)

Violation Report: 13279 - 01/06/2017 - Freeman, Sabrina
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 56 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
The bathroom on the 2nd floor by bedroom 3A does not have an operable ventilation fan. The bathroom exhaust fan did not operate and was cluttered with dust and dirt.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has replaced the ventilation fan in the bathroom on the 2nd floor with a new operable fan on 1/6/2017. The home will also make sure the fans are cleaned daily and the administrator/designee will inspect the fans weekly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor Administrator* Date *2/15/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *2/17/17*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of *2/17/17*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13279 - 01/05/2017 - Freeman, Sabrina
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 1/5/201, the water temperature exceeded 120 degrees Fahrenheit.

The 1st floor bathroom water temperature measured 127.2 degrees Fahrenheit.
The 2nd floor bathroom by bedroom 6B measured 133.3 degrees Fahrenheit.
The 2nd floor bathroom by bedroom 4A measured 120.7 degrees Fahrenheit.
The 2nd floor bathroom by bedroom 3A measured 127.2 degrees Fahrenheit.
The 2nd floor bathroom by bedroom 6B measured 121.4 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The water temperature was lowered during the inspection. Administrator purchased a new thermometer during the day of inspection. The water temperature was checked later in the afternoon and it read 112 degrees. The thermostat was changed on 1/9/17. The administrator/designee will check water temperature weekly to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shwelle Taylor

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Shwelle Taylor Administrator

Date

2/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

2/17/17
(Date)

Plan of correction implementation status as of

2/17/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 13270 - 01/06/2017 - Freeman, Sabrina
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2800.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home failed to ensure that the designated smoking area in the backyard had fireproof receptacles and ashtrays.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home bought ashtrays for the designated smoking area on 1/9/17. Staff will encourage the residents of the home to put their cigarettes inside of the ashtrays when they smoke to keep a safe and clean environment. Staff will monitor and maintain a clean and safe environment on a dally basis. The administrator/designee will inspect to ensure it's done dally.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirrell Taylor

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Shirrell Taylor Administrator

Date

2/15/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

2/17/17
(Date)

Plan of correction implementation status as of

2/17/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented